



PATENT
Attorney Docket No. SSI-011DV2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): James Rolke
SERIAL NO.: 10/674,522 GROUP NO.: Not yet assigned
FILING DATE: September 30, 2003 EXAMINER: Not yet assigned
TITLE: METHODS FOR CONTROLLING THE VISCOSITY OF POLYMER-BASED TISSUE SEALANTS AND ADHESIVES

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Lynn Khosla
Lynn Khosla

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

Submission of Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 pg.);
Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 pg.); and
Return Receipt Postcard.



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P.O. Box 1450
Alexandria, VA 22313-1450

**SUBMISSION OF REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**


Sir:

Attorneys of record submit this Request for Withdrawal as Attorney or Agent and Change of Correspondence Address under 37 C.F.R. 1.36. Attorneys of record believe that no fee is due.

Respectfully submitted,

Date: February 3, 2004
Reg. No. 44,244

Tel. No.: (617) 248-7044
Fax No.: (617) 248-7100



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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/674,522
Filing Date	September 30, 2003
First Named Inventor	James Rolke
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	SSI-011DV2

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

Client has failed to pay for work done by this firm on behalf of the client and has stated that it is
The reasons for this request are: unlikely that any future work done by the firm on behalf of the client will be remunerated.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dr. James Wilkie				
Address	Surgical Sealants, Inc.				
Address	150 New Boston Street				
City	Woburn	State	MA	Zip	01801
Country	United States of America				
Telephone	781-937-8181	Fax	781-937-8180		
Name	Ronda P. Moore, D.V.M.				
Signature	<i>Ronda P. Moore, D.V.M.</i>		Registration No.	44,244	
Date	February 3, 2004		Telephone No.	617-248-7044	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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